

HOW TO FILE A MEDICAL MALPRACTICE COMPLAINT:

The first step is to request a medial malpractice medical review panel. Such a request must be sent to the Division of Administration, not the Patient's Compensation Fund.

Postal Mail (certified mail is in the best interest of the claimant), send to:

Division of Administration
P. O. Box 44336
Baton Rouge, LA 70804-4336

The physical address to file complaints:

Division of Administration
Medical Review Panel
1201 North Third Street - 7th Floor
Baton Rouge, LA 70802

Requests can be sent via fax, but if received after 5:00 p.m. will be date stamped the next business day.
Fax: (225)342-1057

A request for review of a malpractice claim shall be deemed filed on the date of receipt of the request stamped and certified by the Division of Administration or on the date of mailing of the request if mailed by certified or registered mail. Upon receipt of any request, the Division of Administration shall forward a copy of the request to the PCF.

There is no form that needs to be used, but a request for review of a malpractice claim or a malpractice complaint shall contain, at a minimum, all of the following:

1. A statement that it is a request for the formation of a medical review panel.
2. The name of the patient.
3. The names of the claimants or plaintiffs.
4. The names of the defendant health care providers.
5. The dates of the alleged malpractice.
6. A brief description of the alleged malpractice as to each named defendant health care provider
7. A brief description of the alleged injuries.

The PCF will then, within fifteen days of the receipt of the claim, send a notice to confirm to the claimant or their representative by certified mail, return receipt requested that the filing has been officially received and whether or not the named defendant or defendants are considered qualified for the panel process and have coverage with the PCF.

There is a filing fee of \$100 per named provider that is determined to be qualified for the panel process. Such filing fee may be waived only upon receipt of one of the following:

1. An affidavit of a physician holding a valid and unrestricted license to practice his specialty in the state of his residence certifying that adequate medical records have been obtained and reviewed and that the allegations of malpractice against each defendant health care provider named in the claim constitute a claim of a breach of the applicable standard of care as to each named defendant health care provider.
2. An in forma pauperis ruling issued in accordance with Louisiana Code of Civil Procedure Article 5181 et seq. by a district court in a venue in which the malpractice claim could properly be brought upon the conclusion of the medical review panel process.

The notice will state the amount of the filing fee that is due. A claimant shall have forty-five days from the mailing date of the notice of receipt of the request to pay the filing fee due, or provide an affidavit or in forma pauperis ruling to the PCF.

Failure to comply the request for review of a malpractice claim is invalid and without effect and that the request shall not suspend the time within which suit must be instituted.

The PCF shall also send a notice and copy of the complaint to all named defendants by certified mail, return receipt requested, whether qualified or not, informing them that a complaint has been filed against them.

The PCF shall notify the claimant and all named defendants by certified mail, return receipt requested, of the date of receipt of any filing fee, affidavit or in forma pauperis ruling. The PCF will also send a notice if none of these were received within the time allowed.

Failure to comply with these provisions within the specified forty-five day time frame shall render the request for review of a malpractice claim invalid and without effect. Such an invalid request for review of a malpractice claim shall not suspend time within which suit must be instituted.

Medical Review Panel Request

Per RS 40:1299.47, a request for review of a malpractice claim or malpractice complaint shall contain, at a minimum, all of the following:

- (i) A request for the formation of a medical review panel.
- (ii) The name of the patient.
- (iii) The names of the claimants.
- (iv) The names of the defendant health care providers.
- (v) The dates of the alleged malpractice.
- (vi) A brief description of the alleged malpractice as to each named defendant health care provider.
- (vii) A brief description of the alleged injuries.

1. Patient/Plaintiff Name (first, middle AND last):

2. Claimant/Plaintiff Name(s) (first, middle AND last, if different from patient or if patient is deceased and/or a minor):

3. Patient/Plaintiff Address: _____

3.a Plaintiff Phone Number: _____

3.b Plaintiff Email address: _____

4. Date(s) of Alleged Medical Malpractice: _____
(must include a month AND year)

5. Alleged Injury to Patient: _____

6. Name(s) of Defendant Health Care Providers AND alleged malpractice as to each:
(must include first AND last name, and any distinguishing prefix or suffix, (i.e., Jr., Sr., II, III))

Defendant Name and Allegations: _____

Patient Name: _____

Defendant Name and Allegations: _____

Defendant Name and Allegations: _____

Defendant Name and Allegations: _____

Defendant Name and Allegations: _____

**If additional space is needed for any of the above information, please print multiple copies of this form to accommodate necessary information.

Signature: _____ Date: _____
(Filing Plaintiff)

Pursuant to Louisiana Revised Statute 40:1299.47.A (2)(a)(b), **ALL REQUESTS** for review of a malpractice claim and/or amendments **MUST BE FILED WITH THE COMMISSIONER OF ADMINISTRATION. The Act also states that filing a complaint with any agency other than the Commissioner of Administration shall not suspend or interrupt the running of prescription:**

The Division of Administration
Medical Review Panel
P.O. Box 44336
Baton Rouge, LA 70804-4336

OR

The Division of Administration
Medical Review Panel
Claiborne Bldg
1201 North 3rd St. – 7th Floor, Suite 230
Baton Rouge, LA 70802

OR

Fax: (225)342-1057
Medical Review Panel